Effective October 1, 2001 10/07 010 A														
CLAIMS AS FILED - PART (Column 2)									SHALL ENTITY OTHER THAN					
TOTAL CLAIMS ·								ATE	FEE	OR I	RATE	FEE		
FOR			NUMBER	FLED	NUMBER EXTRA			CPE		ОЯ	DASIC FOR	290		
TOTAL CHARGEABLE CLAIMS			57 m	nus 20=	• 37		70	X3.9n)C318=	1		
INDEPENDENT CLAIMS			6 minus 3 -		• 3		X42=		 	ОЯ		(ddo		
15	LTIPLE DEPE	COENT CLAIM P	RESENT	-	<u></u>					OR	X84=	252		
•#	the difference	in column 1 is	ess than zero, enter "0" in column 2					40-		ÓЯ	+280=			
CLAIMS AS AMENDED - PART II							TO	TAL		OR	TOTAL	1892		
(Column 1) (Column 2) (Column 3)								ALL	ENTITY	OR	OTHER SMALL!			
AMENDMENTA		CLAIMS REMAINING AFTER AMENOMENT		PREVIO PAID	BEA	PRESENT EXTRA	RV	NE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
2	Total	. 15	Mênus	- 3	Ż	- D	×	9 =	/	OR	X\$18=	7		
N	Independent			0	.0	X42-			OR	X84=-	1			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								10=.	/	OR	+280=			
								OTAL FEE	-	OR	ADDIT FEE			
	3/2/05 (Column 1) (Column 2) (Column 3)								•					
AMENDMENT 0		REMARKING AFTER AMERICMENT		NIGH NIGH PREVIO PAID	BER . SUSLY	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
3	Total	• 15 .	Minus	• 5	7	• 0	X	9=		OR	X\$18=			
₹	Independent FIRST PRESE	RET PRESENTATION OF MULTIPLE DEPENDENT CLAIM					X	2=		OR	X84=			
1. A Landstand of motive of her per per per per per per per per per p								60= .		OR	+280=			
		• '					ADDIT	OTAL FEE		OR	TOYAL ADDIT, FEE			
//-2/-05 (Column 1) (Column 2) (Column 3)												·		
LEHIT C		CLAHAS REMARKING AFTER AMENDMENT		HIGH HUM PREVIO PAID	BER DUSLY	PRESENT EXTRA	RM	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
AMEDON	Total	. 48.	Minus	. . 5	57	- ()	X\$	9=		OR	X\$18=	7		
¥	independent	* 6	Minus	.es (O ADA	- 0	×	25		OR	X84e/			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM # If the entry is column 1 is lace than the entry in column 2, write 'V' in column 3.									OR	+250;=			
-	en 18gh athu	ADDIT	DIAL		OR	TOTAL PEE								
*	15 the "Highest No	mber Previously Pa ober Previously Pal	M For IN TH	IS SPACE	le lesse tha	n S, enter S.		•	proprietto ber	t in ed				
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Application or Docket Number